

FIRST
SPEECH
AS DASIS

KEYNOTE ADDRESS

BY

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NINTH ANNUAL APPALACHIAN CHILD DEVELOPMENT AND
HEALTH SYMPOSIUM

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(GREETINGS TO HOSTS, GUESTS, ETC.)

IT IS AN HONOR TO COME HERE AS THE REPRESENTATIVE OF SECRETARY SCHWEIKER AND THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. CHILDREN HAVE BEEN MY LIFE'S CONCERN. I KNOW THEY ARE YOURS, ALSO. I FEEL VERY MUCH "AT HOME" HERE, BECAUSE I KNOW YOU WORRY ABOUT THE KINDS OF THINGS I WORRY ABOUT....HOW CHILDREN COME INTO THIS WORLD....HOW THEY ARE CARED FOR AND LOVED....AND HOW MUCH THEY MATTER TO US AS A SOCIETY AND AS INDIVIDUALS.

THERE'S A LITTLE MOTTO HANGING ON THE WALL OF A FRIEND'S OFFICE. IT WAS WRITTEN BY JOHN RUSKIN ABOUT A HUNDRED YEARS AGO AND I THINK IT SAYS IT ALL:

"GIVE A LITTLE LOVE TO A CHILD, AND YOU GET A GREAT DEAL BACK."

I WISH PHYSICIANS AND EDUCATORS AND GOVERNMENT PEOPLE COULD WRITE THINGS LIKE THAT -- AND REALLY BELIEVE IT. OUR WORK, YOURS AND MINE, WOULD BE SO MUCH EASIER AND WE COULD APPROACH IT WITH SO MUCH MORE JOY.

STILL, I ADMIT THAT I COME HERE FEELING QUITE COMFORTABLE. I KNOW WHO YOU ARE. I'VE SEEN YOUR PROGRAM. I KNOW SOME OF

YOUR GUEST SPEAKERS PERSONALLY AND OTHERS BY REPUTATION. SO IT IS AN HONOR TO BE HERE AND, TO BE TRUTHFUL, IT'S ALSO A PLEASURE.

THIS MAY BE A STRANGE PREAMBLE FOR SOMEONE WHOSE OFFICIAL MESSAGE BEARS THE MARK OF AUSTERITY. BUT I WANT YOU TO KNOW THAT, WITH YOU, I ALSO FACE THE DIFFICULT CONTRADICTIONS IN OUR SOCIETY:

* WE ARE BASICALLY A HUMAN, COMPASSIONATE PEOPLE, YET WE DO HAVE A DARK STREAK OF VIOLENCE -- OFTEN DIRECTED AT CHILDREN.

* WE ARE A JOYFUL PEOPLE -- I THINK YOU COULD EVEN SAY WE HAVE A NATIONAL CHARACTERISTIC OF GOOD HUMOR -- BUT WE ARE WRESTLING IN PUBLIC WITH SOME OF THE MOST SERIOUS ISSUES FACING THE HUMAN RACE TODAY

* AND WE ARE A WEALTHY PEOPLE -- THIS IS A RICH NATION -- YET WE ARE IN THE THROES OF TRYING TO REPAIR A BATTERED ECONOMY THAT IS FAST MAKING PAUPERS OF US ALL.

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THERE'S NO WAY AROUND IT. ALL OF US COME HERE IN OUR VARIOUS OFFICIAL AND PROFESSIONAL CAPACITIES BEARING A MIXED MESSAGE OF OPTIMISM AND DOUBT, OF VICTORY AND CONTINUED STRUGGLE, OF WONDER -- AND SKEPTICISM.

I'M NOT AN ECONOMIST OR A CERTIFIED PUBLIC ACCOUNTANT, SO I WON'T TALK A LOT ABOUT THE FEDERAL BUDGET. BESIDES, WHAT ELSE IS THERE TO SAY THAT THE DAILY PRESS HASN'T ALREADY SAID? THIS IS A VERY DIFFICULT TIME, AN AUSTERE TIME, IN WHICH THIS COUNTRY, UNDER THE LEADERSHIP OF PRESIDENT REAGAN, IS GOING TO TRY TO BRING INFLATION UNDER CONTROL.

INFLATION IS NOT JUST AN ECONOMIC ISSUE. IT'S A HEALTH ISSUE. THE COSTS ARE RISING FOR SUCH VITAL HUMAN SERVICES AS QUALITY HEALTH AND MEDICAL CARE, CONTINUITY OF SOCIAL SERVICE, AND NEW AND EFFECTIVE THERAPIES FOR PHYSICAL AND MENTAL HEALTH. WE ARE A GENEROUS SOCIETY -- BUT WE CAN NO LONGER GIVE MUCH AWAY. AND THERE IS THE RISK THAT MANY HEALTH AND SOCIAL SERVICES MAY ONLY BE AVAILABLE TO A SMALLER AND SMALLER NUMBER OF PEOPLE FROM AMONG THOSE WHO TRULY NEED THEM.

THAT ISSUE IS OUR ISSUE. AND WHILE WE ARE IN FOR A PERIOD OF BELT-TIGHTENING, I DO NOT BELIEVE IT WILL BE A PERMANENT CONDITION. I BELIEVE THAT THIS ADMINISTRATION IS DETERMINED TO BRING INFLATION UNDER CONTROL, TURN IT AROUND, AND EVENTUALLY RETURN TO THIS COUNTRY ITS ABILITY TO MAKE ITS HUMAN SERVICES INVESTMENTS ACCORDING TO THE NEEDS OF OUR PEOPLE, RATHER THAN ACCORDING TO THE APPETITE OF INFLATION.

I STILL PREFER TO LOOK UPON THIS FIGHT AGAINST INFLATION AS A VITAL -- BUT TRANSIENT -- AFFAIR. ULTIMATELY, WE'RE GOING TO WIN AND THEN, MY FRIENDS, WE HAD BETTER KNOW WHAT WE'RE ABOUT. THERE IS A GREAT TENDENCY TO DEAL WITH TODAY'S PROBLEMS, TODAY'S CRISIS, AND TODAY'S OPPORTUNITIES....EXCLUSIVELY. WE'VE GOT TO BE SENSITIVE TO THAT TENDENCY, RECOGNIZE IT, PUT IT ASIDE, AND EXERCISE A LARGER PERSONAL AND PROFESSIONAL VISION.

YOUR PROGRAM FOR THESE TWO DAYS INDICATES THAT YOU ARE PREPARED TO DO THAT. AND FOR THE NEXT FEW MINUTES I'D LIKE TO PURSUE WITH YOU SOME OF THE BASIC, LONG-TERM CONSIDERATIONS NEEDING OUR BEST JUDGMENT TODAY, TOMORROW, AND FOR SOME YEARS TO COME.

I WANT TO FOCUS YOUR ATTENTION, IF I MAY, ON THE CONCERNS SURROUNDING NEO-NATAL CARE. AND I ESPECIALLY WANT TO CATCH THE ATTENTION OF THOSE OF YOU WHO DEAL PRIMARILY WITH THE CARE REQUIRED IN EARLY CHILDHOOD OR IN ADOLESCENCE. YOUR TASKS ARE OFTEN REPARATIVE IN ONE WAY OR ANOTHER -- YOU TRY TO CORRECT OR COMPENSATE FOR SOME LACK OF CARE OR UNDERSTANDING SEVERAL YEARS EARLIER, DURING THE PREGNANCY OF THE MOTHER OR THE BIRTH EVENT ITSELF.

YOU'RE AWARE. I AM SURE, OF THE GRADUAL BUT STEADY DECLINE IN OUR INFANT MORTALITY RATE. IT WAS 13.8 IN 1978. IT DROPPED TO 13.0 IN 1979. OUR NEWEST PROVISIONAL DATA FOR

1980 INDICATES THAT OUR RATE WAS 12.5 DEATHS PER 1,000 LIVE BIRTHS.

THAT, HOWEVER, IS THE NATIONAL INFANT MORTALITY RATE. IT INCLUDES CHILDREN BORN IN CHILDREN'S HOSPITAL OF PHILADELPHIA AND IN TINY BEDROOMS IN MAGOFFIN COUNTY, IN THE BIRMINGHAM MEDICAL CENTER AND IN AN AMBULANCE RACING THROUGH MOUNT GILEAD. IT INCLUDES THE BABIES BORN INTO MIDDLE-CLASS SECURITY AND THOSE BORN INTO POVERTY AND INSECURITY.

OUR NATIONAL EXPERIENCE SO FAR HAS BEEN THAT CHILDREN OF THE POOR AND OF MINORITY COMMUNITIES DIE AT BIRTH AT ALMOST TWICE THE RATE FOR THE NATION AS A WHOLE. IT IS TRUE THAT OUR NATIONAL INFANT MORTALITY RATE HAS BEEN DECLINING STEADILY -- AND THE RATES FOR MINORITIES AND THE POOR ARE GOING DOWN, ALSO -- BUT WE CAN'T ALLOW OURSELVES TO BE SATISFIED WITH THAT.

AS YOU KNOW, THE U.S. PUBLIC HEALTH SERVICE PUBLISHED LAST YEAR A SLIM VOLUME TITLED "PROMOTING HEALTH AND PREVENTING DISEASE: OBJECTIVES FOR THE NATION." IF YOU HAVEN'T GOT A COPY, I HOPE YOU WRITE US AND GET ONE, BECAUSE IT REPRESENTS THE BEST THINKING AMONG SEVERAL THOUSAND EXPERTS OUTSIDE GOVERNMENT ON WHAT OUR MAJOR PUBLIC HEALTH ISSUES ARE AND WHAT WE OUGHT TO DO ABOUT THEM.

THE CHAPTER ON PREGNANCY AND INFANT HEALTH INDICATES WHAT OUR OBJECTIVES SHOULD BE FOR THIS DECADE. FOR EXAMPLE,....

* WE WANT TO REDUCE THE INFANT MORTALITY RATE TO 9 DEATHS PER 1,000 LIVE BIRTHS AS A NATIONAL AVERAGE

* IN ADDITION, WE WANT TO MAKE SURE THAT NO RACIAL OR ETHNIC GROUP OR NO GROUP OF PEOPLE ISOLATED BY GEOGRAPHY OR ECONOMIC STATUS SUFFERS AN INFANT MORTALITY RATE HIGHER THAN 12 PER 1,000 LIVE BIRTHS.

* WE NEED TO ADDRESS THE FACT THAT THE GREATEST SINGLE PROBLEM ASSOCIATED WITH INFANT MORTALITY IS LOW BIRTH WEIGHT. NEARLY TWO OF EVERY THREE NEWBORN WHO DIE WEIGH LESS THAN 2,500 GRAMS. THAT'S LESS THAN 5½ POUNDS. NEARLY EVERY CAUSE OF LOW BIRTH WEIGHT CAN BE PREVENTED. AND IF WE COULD SUCCESSFULLY PREVENT IT, WE COULD DRAMATICALLY REDUCE THE INFANT MORTALITY AND MORBIDITY RATES.

* AND WE NEED TO ACHIEVE A HIGHER RATE OF TECHNOLOGY TRANSFER FOR HANDLING DISTRESSED BIRTHS, BIRTH DEFECTS, AND DISEASES OF THE NEWBORN; THAT IS, WE NEED TO GET THE RESULTS OF OUR EXTRAORDINARY AMERICAN RESEARCH ENTERPRISE INTO THE CAPABLE HANDS OF THE PHYSICIANS, NURSES, AND OTHER HEALTH PERSONNEL WHO ARE INVOLVED IN MATERNAL AND INFANT CARE.

LET ME ADD A FOOTNOTE HERE OF PERSONAL EXPERIENCE. MY MAJOR EFFORTS AS A SURGEON HAVE BEEN WITH THE NEONATE. SOME OF YOU MAY KNOW THAT I BUILT THE FIRST NEONATAL INTENSIVE CARE UNIT IN THIS COUNTRY. I KNOW -- AS I AM SURE YOU DO, ALSO -- THAT THE APPLICATION OF NEW KNOWLEDGE ON BEHALF OF CHILDREN PAYS TREMENDOUS PERSONAL AND SOCIAL DIVIDENDS. THE YOUNGSTERS, IF SALVAGED, GROW UP TO BE LOVED AND LOVING, INNOVATIVE AND CREATIVE.

THESE KINDS OF ISSUES -- AND MANY MORE OF THEM -- ARE SPELLED OUT THE REPORT TITLED "OBJECTIVES FOR THE NATION." IT IS THE CONSENSUS OF THOSE WHO DEDICATE THEIR LIVES TO MATERNAL AND CHILD HEALTH. IT'S A TALL ORDER -- BUT WE CAN HARDLY IGNORE IT. AND A CHALLENGE OF THAT MAGNITUDE WON'T JUST GO AWAY.

CAN WE RESPOND TO THIS AGENDA -- OR MUST WE RELEGATE IT TO LAST YEAR'S FILES? I THINK WE CAN RESPOND, EVEN THOUGH THE ECONOMIC AND SOCIAL CLIMATE IS VERY CHILLY. BUT WE MAY HAVE TO RE-THINK

SOME OF OUR ASSUMPTIONS. THAT'S ALWAYS THE HARD PART. BUT LET'S WORK THROUGH SOME OF THEM TOGETHER.

ONE ASSUMPTION HAS BEEN THAT THE PRESENCE OF THE FEDERAL GOVERNMENT IS ESSENTIAL FOR THE DELIVERY OF HEALTH SERVICE. AT ONE TIME -- AND IN MANY, NOT NECESSARILY ALL, PLACES -- THAT WAS PROBABLY TRUE. BUT IT IS NOT TRUE ANY MORE. THE FACT IS THAT LOCAL AND STATE HEALTH AGENCIES, VOLUNTARY AGENCIES, PROFESSIONAL ASSOCIATIONS, MAJOR CORPORATIONS, LABOR UNIONS, SCHOOLS, AND OTHER COMMUNITY GROUPS HAVE TAKEN OVER THE TASK OF DELIVERING HEALTH CARE IN OUR COMMUNITIES AND NEIGHBORHOODS.

THEY MAY DO IT WITH FEDERAL MONEY. THEY MAY DO IT UNDER FEDERAL GUIDELINES OF ONE SORT OR ANOTHER. THEY MAY DRAW UPON MUCH FEDERAL RESEARCH AND OTHER EXPERTISE. BUT THE ACTUAL DELIVERY OF CARE IS BEST HANDLED -- AND ACTUALLY HANDLED -- BY STATE AND LOCAL GROUPS.

NOW SEEMS TO BE A VERY PROPITIOUS TIME TO RECOGNIZE THAT AS TRUE AND TO BUILD UPON IT. THE BLOCK GRANT APPROACH OF THIS ADMINISTRATION DOES JUST THAT. AND I HAVE TO SAY THAT THE PROGRAM OF THIS SYMPOSIUM AND ITS ATTENDANCE LIST GIVES AMPLE PROOF THAT THE STRENGTH AND VITALITY IN THE FIELD OF CHILD DEVELOPMENT AND HEALTH RESIDE IN HUNDREDS, EVEN THOUSANDS, OF STATE AND LOCAL AGENCIES AND INSTITUTIONS. THE FEDERAL ROLE MAY WELL HAVE ACHIEVED WHAT IT WAS SUPPOSED TO ACHIEVE: THE

THE RE-DIRECTION OF LOCAL PRIORITIES, THE RE-ASSESSMENT OF LOCAL NEEDS, THE RECOGNITION OF LOCAL RESPONSIBILITIES -- THESE MAY HAVE ALREADY TAKEN PLACE BUT OUR OWN THINKING JUST HASN'T CAUGHT UP WITH THEM YET.

I SUGGEST WE STEP BACK AND SEE WHAT IS REALLY HAPPENING IN OUR COMMUNITIES WHERE PARENTS AND CHILDREN NEED HELP. I THINK WE'LL FIND THAT THE FEDERAL ROLE HAS EITHER DISAPPEARED OR IS LARGELY SUPERFLUOUS. WE HAVE SEEN SOCIAL JUSTICE OCCUR WHERE IT MIGHT NOT HAVE EXISTED BEFORE. WE HAVE DEMONSTRATED COMPASSION AND THE WILL TO HEAL, WHERE WE MAY HAVE BEEN REMISS BEFORE. ONCE HAVING MADE THAT PROGRESS, THIS SOCIETY WILL NOT TURN BACK. WE HAVE TO BELIEVE THAT, IF WE WANT TO BELIEVE IN THIS COUNTRY, TOO.

THE FEDERAL GOVERNMENT IS NOW IN THE PROCESS OF OFFICIALLY EXTRICATING ITSELF FROM THE DELIVERY OF HEALTH SERVICES. THERE ARE SOME SPECIAL CIRCUMSTANCES -- OUR SYSTEM FOR CARING FOR VETERANS AND OUR COMMITMENT TO THE HEALTH CARE OF NATIVE AMERICANS AND ALASKAN NATIVES -- BUT OTHERWISE WE ARE FULLY RECOGNIZING THE FACT THAT THE DELIVERY OF HEALTH AND SOCIAL SERVICES IS BETTER HANDLED BY STATE AND LOCAL AUTHORITIES.

THIS NEW REALITY PRESENTS AN EXTRAORDINARY OPPORTUNITY FOR STATE, COUNTY, AND MUNICIPAL HEALTH AGENCIES TO FORM NEW AND EFFECTIVE PARTNERSHIPS WITH THE PRIVATE SECTOR, PARTICULARLY THE MANY VOLUNTARY HEALTH AGENCIES. JUST THINK OF THE POTENTIAL FOR IMPROVED HEALTH STATUS FOR PEOPLE OF ALL AGES, IF THE RESOURCES OF BOTH THE PUBLIC AND PRIVATE SECTORS COULD BE COORDINATED.

ANOTHER ASSUMPTION IS THAT THE AMERICAN FAMILY CAN'T HANDLE ITS PROBLEMS OF PHYSICAL AND MENTAL HEALTH BECAUSE IT IS UNDER SUCH HEAVY PRESSURE FROM LARGER ECONOMIC AND SOCIAL FORCES. WELL, I AGREE THAT THE AMERICAN FAMILY IS UNDER TERRIFIC PRESSURE -- BUT I CANNOT ACCEPT THE CONCLUSION THAT, THEREFORE, IT CANNOT TAKE CARE OF ITS OWN AFFAIRS, THAT OTHERS HAVE TO STEP IN AND DO IT FOR FAMILIES UNDER STRESS.

A VARIETY OF INSTITUTIONS HAVE SPRUNG UP TO INTERVENE AND BECOME, IN EFFECT, A "MEMBER OF THE FAMILY." WE ASK PARENTS TO DELEGATE THEIR RESPONSIBILITIES TO OUTSIDE AGENCIES, IN ORDER TO HELP TROUBLED CHILDREN. WE ASK CHILDREN TO DELIVER THEIR PARENTS TO OUTSIDE AGENCIES AND INSTITUTIONS TO PROVIDE LOVE AND CARE, PARTICULARLY IN THE TWILIGHT TIMES BEFORE DEATH.

I'M NOT AT ALL SURE THAT SUCH INTERVENTION IS COMPASSIONATE OR HELPFUL OR USEFUL -- TO THE INDIVIDUALS AND FAMILIES INVOLVED OR TO SOCIETY GENERALLY. BUT I DO HAVE THE STRONG FEELING THAT WE MUST ORIENT OURSELVES MORE TOWARD STRENGTHENING THE FAMILY SO THAT IT REMAINS UNIFIED, STAYS TOGETHER EMOTIONALLY IF NOT GEOGRAPHICALLY, AND DRAWS UPON ITS OWN RESOURCES -- WHICH ARE , DEEP, AS DEEP AND AS MYSTERIOUS AS THE HUMAN BEING ITSELF IS -- AND USES THOSE RESOURCES TO COPE WITH THE STRESSES OF MODERN LIVING.

WHEN WE DISCUSS SOCIAL PROGRAMS THESE DAYS, WE TALK OF THE "SAFETY NET" PROVIDED BY CERTAIN PROGRAMS -- SOCIAL SECURITY, WORKMAN'S COMPENSATION, AND SO ON. ON ONE LEVEL, I WOULD AGREE. SUCH A "SAFETY NET" SHOULD CONTINUE TO EXIST. BUT BEYOND LAW AND SOCIAL PROGRAMS, BEYOND BUDGETS AND REGULATIONS STANDS THE CONCEPT OF THE FAMILY AS THE ULTIMATE AND BEST "SAFETY NET" IN ANY SOCIETY.

SAYING THAT TO THIS GROUP IS LIKING TAKING COALS TO NEWCASTLE. YOU KNOW MORE ABOUT FAMILY STRENGTHS THAN I. BUT I WANT TO SUGGEST THAT WE NEED TO TAKE THE FAMILY MUCH MORE SERIOUSLY THAN WE HAVE ALREADY. AND WE NEED TO CHALLENGE THE ASSUMPTION THAT

OTHER INSTITUTIONS CAN DO A FAMILY'S JOB BETTER. IT'S TOO EASY TO SAY THAT -- AND THE CONSEQUENCES ARE TOO OVERWHELMING TO CONTEMPLATE.

LATER THIS YEAR THERE WILL BE A WHITE HOUSE CONFERENCE ON AGING. NEXT YEAR, THE WORLD HEALTH ORGANIZATION WILL ALSO HOLD, A CONFERENCE ON AGING IN VIENNA. I HOPE DELEGATES TO BOTH THOSE MEETINGS WILL FOCUS ON WAYS TO NURTURE THE STRENGTHS TO BE FOUND IN FAMILY LIFE, RATHER THAN FIND WAYS TO TRANSFER THAT STRENGTH AND THAT SENSE OF RESPONSIBILITY TO OUTSIDE FORCES AND INSTITUTIONS.

LET ME CLOSE BY SETTING OUT ANOTHER FAMILIAR ASSUMPTION THAT WE FEEL COMFORTABLE WITH, BUT NEEDS TO BE RE-ASSESSED. WE TEND TO BELIEVE THAT WE OUGHT TO TAKE SOME ACTION TO CORRECT SOME HEALTH OR BEHAVIORAL DEFICIT IN AN INDIVIDUAL, A FAMILY, OR A COMMUNITY. AND I TEND TO AGREE. IT'S DIFFICULT TO SPEND ONE'S LIFE AS A PEDIATRIC SURGEON AND PREFER INACTION TO ACTION. MY PERSONAL AND PROFESSIONAL LIFE HAS BEEN VERY ACTIVE AND, HENCE, VERY SATISFYING.

THE ONLY PROBLEM IS THAT WE ALL KNOW THAT EPISODIC CARE IS USUALLY SECOND-BEST CARE. WHAT WE ALL USUALLY STRIVE FOR IS SOME KIND OF CONTINUITY OF CARE FOR THE PEOPLE WE CARE ABOUT. HOWEVER, WE HAVE ENTERED SOME HIGHLY COMPLEX AND SOPHISTICATED AREAS OF CHILD CARE WHICH SEEM TO BE OUTSIDE THE CONCEPT OF CONTINUITY OF CARE.

FOR EXAMPLE, THERE ARE INSTANCES WHEN, AT DELIVERY, THE BABY WILL SUFFER A SUDDEN INTERRUPTION OF ITS OXYGEN SUPPLY -- ACUTE HYPOXIA -- AND WILL REQUIRE, AMONG OTHER THINGS, THE IMMEDIATE APPLICATION OF A RESUSCITATOR AND THEN TRANSFER TO A RESPIRATOR. WE SAVE THE BABY'S LIFE. THE PARENTS ARE HAPPY. ALL THE DELIVERY ROOM PEOPLE ARE RELIEVED.

BUT WE MAY HAVE PRESENTED THAT HOSPITAL AND THAT FAMILY WITH A CHRONIC RESPIRATOR-DEPENDENT CHILD. SOME NEWBORN REMAIN FOR WEEKS, EVEN MONTHS, CONNECTED TO A RESPIRATOR FOR THEIR VITAL OXYGEN SUPPLY. WE ARE NOW BEGINNING TO GRAPPLE WITH THE ISSUES THAT FOLLOW THIS HEROIC EPISODE. WE ARE NOW TAKING A LOOK AT THE PROBLEM OF SOME CONTINUITY OF CARE FOR THE INFANT AND THE PARENTS, SO THAT THEY CAN ALL COPE AND SURVIVE THE PERIOD -- HOWEVER LONG IT MAY HAVE TO BE -- DURING WHICH THE CHILD IS RESPIRATOR-DEPENDENT.

THE COMMON PRACTICE WAS TO KEEP SUCH BABIES IN THE HOSPITAL UNTIL THEY COULD MANAGE THEIR AIR SUPPLY ON THEIR OWN. BUT WE SOON DISCOVERED WE HAD WHOLE WARDS FULL OF CHILDREN BREATHING WITH THE HELP OF RESPIRATORS. THE COST WAS ASTRONOMICAL BECAUSE THESE CHILDREN WERE BEING GIVEN IN-PATIENT INTENSIVE CARE.

WE HAVE SINCE LEARNED THAT IT IS MORE EMOTIONALLY BENEFICIAL TO THE CHILD AND THE PARENTS -- AND A GOOD DEAL CHEAPER -- TO SEND THE CHILD HOME WITH A RESPIRATOR -- AFTER WE HAVE INFORMED THE FAMILY OF ALL THE FACTS AND HAVE HELPED THEM TO COPE WITH THIS UNUSUAL EVEN IN THEIR OWN HOMES. BUT IT DOES WORK.

I BELIEVE WE HAVE TO MAKE GREATER USE OF THE NEW KNOWLEDGE AND THE NEW TECHNOLOGIES OF CARE THAT WE'VE DISCOVERED -- BUT WE HAVE TO DO THAT WITH THE UNDERSTANDING THAT SOME LONG-TERM PROBLEMS FOR THE INDIVIDUAL PATIENT AND HIS OR HER FAMILY MAY BE AMONG THE OUTCOMES. AND, THEREFORE, IT SEEMS TO ME TO BE ESSENTIAL THAT PROFESSIONALS IN MEDICINE, IN HEALTH CARE SERVICE DELIVERY, IN SOCIAL SERVICE, AND IN THE BEHAVIORAL SCIENCES POOL THEIR KNOWLEDGE EVERY TIME WE TAKE A STEP FORWARD.

IT IS NO LONGER HELPFUL OR "HEROIC" TO MAKE EXTRAORDINARY LIFE-SAVING EFFORTS, AND THEN LEAVE THE PATIENT AND THE FAMILY TO PUZZLE OUT THE FUTURE ON THEIR OWN. AND THIS IS ESPECIALLY TRUE IN CHILD HEALTH, WHERE THE INFANT OR YOUNG CHILD IS TOTALLY DEPENDENT ON ADULT KNOWLEDGE AND WISDOM. WE MUST COMMIT OURSELVES TO EXHIBIT BOTH. OTHERWISE, I HAVE A STRONG FEELING THAT THE PUBLIC, WHOM WE SERVE, WILL QUESTION AND REJECT -- AT THE WRONG TIMES AND FOR THE WRONG REASONS -- OUR SUGGESTIONS FOR ACTION AND THE REQUEST FOR THEIR CONSENT.

THE PUBLIC NEEDS TO BE ASSURED THAT WE KNOW WHAT WE'RE DOING AND ARE SENSITIVE TO WHAT THE CONSEQUENCES MAY BE. AND WE CAN HELP THEM ADJUST. IN ORDER TO GIVE THAT ASSURANCE, WE OURSELVES, AS PROFESSIONALS IN HEALTH CARE AND SOCIAL SERVICES, OUGHT TO WORK OUT THOSE ISSUES AMONG OURSELVES, TEST THEM IN PUBLIC DIALOGUE WITH OUR PATIENTS, THE CONSUMERS OF OUR SERVICES, AND THEN -- AND ONLY THEN -- PROCEED.

THESE ARE SOME OF THE THINGS THAT CONCERN ME AS A PEDIATRICIAN, AS A SURGEON, AND AS A MEMBER OF YOUR GOVERNMENT. AND I WOULD

HOPE THEY STIMULATE YOU TO GRAPPLE WITH THESE QUESTIONS, TOO. THE ANSWERS WILL BE FORTHCOMING, I'M SURE, ALTHOUGH SOME OF THEM MAY NOT APPEAR WITH ANY CLARITY FOR SOME TIME. BUT WE HAVE THE TIME AND SPENDING TIME ON LEARNING NEW THINGS IS AMONG OUR MOST PROFESSIONAL RESPONSIBILITIES.

I AM REMINDED OF THE DEFINITION OF EDUCATION THAT THE POET ROBERT FROST ONCE WROTE. "EDUCATION," SAID FROST, "IS...HANGING AROUND UNTIL YOU'VE CAUGHT ON."

I THINK THOSE OF US WHO ARE DEDICATED TO THE IMPROVED HEALTH AND WELFARE OF CHILDREN CAN ALWAYS DO A LITTLE MORE "HANGING AROUND." I INTEND TO -- AND I HOPE YOU'LL JOIN ME.

THANK YOU AND BEST WISHES FOR A VERY SUCCESSFUL SYMPOSIUM.

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